

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1617
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	UPREGULATION OF TYPE III ENDOTHELIAL CELL NITRIC OXIDE SYNTHASE BY HMG-CoA REDUCTASE INHIBITORS
Attorney Docket Number::	ENI-028BCPCN
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	K.
Family Name::	Liao
City of Residence::	Weston
State or Province of Residence::	MA
Country of Residence::	US

Street of mailing address:: 12 Audubon Road
City of mailing address:: Weston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02193

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Ulrich
Family Name:: Laufs
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 1 Union Street
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Matthias
Family Name:: Endres
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 1 Union Street
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Michael
 Middle Name:: A.
 Family Name:: Moskowitz
 City of Residence:: Belmont
 State or Province of Residence:: MA
 Country of Residence:: US
 Street of mailing address:: 257 Prospect Street
 City of mailing address:: Belmont
 State or Province of mailing address:: MA
 Postal or Zip Code of mailing address:: 02178

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/273445	03/19/99
09/273445	Continuation-in-part of	09/132848	08/11/98
09/132848	An application claiming the benefit under 35 USC 119(e)	60/062,093	10/14/97

Assignee Information

Assignee name:: BRIGHAM AND WOMENS HOSPITAL
 Street of mailing address:: 75 Francis Street
 City of mailing address:: Boston

State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02115

Assignee name:: The General Hospital Corporation
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02114